DECLARATION AND POWER OF ATTORNEY

Docket No.: 478.1077

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled: MUCOACTIVE AGENTS FOR TREATING OF PULMONARY DISEASE the specification of which (check one) is attached hereto is attached hereto was filed on as Application Serial No and was amended on Application Serial No and was amended on I hereby authorize and request our attorneys, Davidson, Davidson & Kappel, LLC of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (application number filed) the filing date and application number of said application when known. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. acknowledge the duty to disclose all information that is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56. hereby claim priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: O321611.6	iviy residence, post office address and citizenshi	p are a	as stated delov	v next to my na	me.		
the specification of which (check one) is attached hereto was filed on as Application Serial No and was amended on I hereby authorize and request our attorneys, Davidson, Davidson & Kappel, LLC of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (application number							
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Number Country Day/Month/Year Filed O327723.3 Number Great Britain Country Day/Month/Year Filed O327723.3 Number Great Britain Country Day/Month/Year Filed Priority claimed □ Yes No Priority claimed □ Yes No Country Day/Month/Year Filed I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application Serial Number Day/Month/Year Filed Status	patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for						
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	Application Serial Number		Day/Month/Yea	ar Filed	Status		

And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehris, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's signature	
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Date	
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DECLARATION AND POWER OF ATTORNEY

Docket No.: 478.1077 Full name of Full name of John STANIFORTH Yorick KAMLAG additional Inventor additional Inventor **Inventor's** Inventor's signature signature Date Date Residence Wiltshire, Great Britain Wiltshire, Great Britain Residence 1 Prospect West, Chippenham, Wiltshire, 1 Prospect West, Chippenham, Wiltshire, Post Office Post Office Great Britain, SN14 6FH Great Britain, SN14 6FH Address Address Citizenship United Kingdom United Kingdom Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship